

**Total Contributions This Event** 

\$28.23

Event Date	Various	Page 4

## **Statement of Contributions Received** at a Social or Fund-Raising Event

Page Total \$<sup>28.23</sup>

Form 31-E R.C. 3517.10(B)

Full Name of Committee					. (.0. 0017,10(b)				
Full Name of Committee									
Franklin County Green Party			· · · · · · · · · · · · · · · · · · ·						
Full Name of Contributor	Registration Number, if PAC								
Various donations received under \$20 each	h								
Street Address	Employer	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount				
				06/11/2018	\$28.23				
City	-	State	Zip Code	Form (Cash, Check, Etc					
				Paypal					
Full Name of Contributor	Registration Number, if PAC								
Street Address	Employer	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount				
City	S	State	Zip Code	Form (Cash, Check, Etc					
Full Name of Contributor	Registration Number, if PAC								
V									
Street Address	Employer/	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount				
City	S	State	Zip Code	Form (Cash, Check, Etc					
Full Name of Contributor				Registration Number, if PAC					
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount				
City	5	State	Zip Code	Form (Cash, Check, Etc					
Full Name of Contributor	Registration Number, if PAC								
Street Address	Employer/	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount				
City	- 8	State	Zip Code	Form (Cash, Check, Etc					
* Required for contributions from individuals over \$100	) to statewide	e and Ge	eneral Assembly candida	tes. If contributor is self-employe	d, the occupation and the				
name of the individual's business, if any, rather than el aggregate of \$100, the labor organization of which the	mployer sho	ould be lis	sted. If two or more emplo	oyees contribute via payroll dedu	ction and exceed the				
aggregate of \$100, the labor organization of which the	employees	are men	ibers, ir arry, must aiso aj	ppear. [13.0. 3317.10(D)(4)]					

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Expenditures This Event